[NAME]

[MAILING ADDRESS]

[TELEPHONE NO.]

[FACSIMILE NO]

IN THE DISTRICT COURT OF GUAM

TERRITORY OF GUAM

|  |  |
| --- | --- |
| (FIRST, MIDDLE AND LAST NAME) | CIVIL CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Petitioner(s) |  |
|  | **\*\*FILED UNDER SEAL\*\*** |
| vs. | **STATEMENT OF TAXPAYER IDENTIFICATION NUMBER** (e.g. Social Security Number(s), employer identification number(s)) |
|  |  |
| DIRECTOR, DEPARTMENT OF REVENUE AND TAXATION, |  |
|  |  |
| Respondent. |  |
|  |  |

Name of Petitioner:

Petitioner’s Taxpayer Identification Number:

Name of Additional Petitioner:

Additional Petitioner’s Taxpayer Identification Number:

SIGNATURE OF PETITIONER Date

SIGNATURE OF ADDITIONAL PETITIONER Date